



RECEIVED

JUL 30 2003

TC 1700

#19
8/4/03
mw

Attorney Docket No.	LIGHT2260
First Named Inventor:	WU, et al.
Application Number	09/932253
Filing Date:	August 16, 2001
Examiner Name:	Roberts P. Culbert
Group/Art Unit:	1763
Title	FORMATION OF AN OPTICAL COMPONENT

BOX Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant hereby cites the documents listed in the accompanying Form PTO-1449 with respect to the above reference patent application under the provision of 37 CFR 1.97(b). Copies of the documents are attached.

The Examiner is respectfully requested to make the listed documents of record in connection with the prosecution of the subject application.

Date:

7/23/03

Respectfully submitted,

TRAVIS DODD

Registration No. 42,491

LAW OFFICES OF TRAVIS L. DODD
A Professional Corporation
2490 Heyneman Hollow
Fallbrook, CA 92028
Ph: (760) 731-3091
Fax: (760) 728-1541
E-mail: LISDodd@aol.com



RECEIVED

JUL 30 2003

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/923253
	Filing Date	August 16, 2001
	First Named Inventor	Wu, et al.
	Group Art Unit	1763
	Examiner Name	Roberts P. Culbert
Total Number of Pages in This Submission	Attorney Docket Number	LIGHT2260

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div><input checked="" type="checkbox"/> Postcard <input checked="" type="checkbox"/> Check <input checked="" type="checkbox"/> Cited references.</div>
Remarks _____		

Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)
-----------------------------------	---

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/23/03

By: [Signature]
Attorneys for Applicant(s)

Phone: (760) 731-3091
Fax: (760) 728-1541

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail			
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: <u>7/23/03</u>			
Typed or printed name	TRAVIS DODD		
Signature	<u>[Signature]</u>	Date	<u>7/23/03</u>



FEE TRANSMITTAL

RECEIVED

Attorney Docket No.	LIGHT2260	JUL 30 2003
First Named Inventor:	Wu, et al.	
Application Number	09/932253	
Filing Date:	August 16, 2001	
Examiner Name:	Roberts P. Culbert	TC 1700
Group/Art Unit:	1763	

TOTAL AMOUNT OF PAYMENT:	\$ 375.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 502326 Deposit Account Name: Lightcross, Inc. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 0.00
Total Claims	72 - 72 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	4 - 4 =	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Filing RCE.	\$	\$375.00	\$375.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$375.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/25/03